

State of Colorado

Oil and Gas Conservation Commission

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Document Number:

401565619

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found. Step 2. Sample now. If intermediate or surface casing pressure > 25 psi. In sensitive areas, 1 psi.
Step 3. Conduct Bradenhead casing. Step 4. Conduct intermediate casing test. Step 5. Send report to BLM within 3 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 10672 3. BLM Lease No: _____
 2. Name of Operator: TIMBER CREEK OPERATING LLC
 4. API Number; 05-071-09472-00 5. Multiple completion? ☒ Yes ☐ No
 6. Well Name: NEW ELK Number: 24-15
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE,24,33S,68W,6
 8. County LAS ANIMAS 9. Field Name: PURGATOIRE RIVER
 10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 11/09/2017

12. Well Status: ☐ Flowing
☐ Shut In ☐ Gas Lift
☒ Pumping ☐ Injection
☐ Clock/Intermitter
☐ Plunger Lift

13. Number of Casing Strings:
☒ Two ☐ Three ☐ Liner?

14. EXISTING PRESSURES

Record all pressures as found	Tubing: 0	Tubing: _____	Prod Csg -4	Intermediate	Surf. Csg
	Fm: RT-VJ	Fm: _____	Fm: RT-VJ	Csg: _____	0

BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed open? ☒ Yes ☐ No

With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals Define characteristics of flow in "Bradenhead Flow" column using letter designations below:

O = No Flow; C = Continuous; D = Down to 0; V = Vapor
 H = Water H₂O; M = Mud; W = Whisper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ Liquid
Character of Bradenhead fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black

Other:(describe) N/A

Sample cylinder number: N/A

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	RT-VJ 0	<input type="checkbox"/>	<input type="checkbox"/> -4		O
05:00	RT-VJ 0	<input type="checkbox"/>	<input type="checkbox"/> -4		O
10:00	RT-VJ 0	<input type="checkbox"/>	<input type="checkbox"/> -4		O
15:00	RT-VJ 0	<input type="checkbox"/>	<input type="checkbox"/> -4		O
20:00	RT-VJ 0	<input type="checkbox"/>	<input type="checkbox"/> -4		O
25:00	RT-VJ 0	<input type="checkbox"/>	<input type="checkbox"/> -4		O
30:00	RT-VJ 0	<input type="checkbox"/>	<input type="checkbox"/> -4		O

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed open? ☐ Yes ☐ No

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals Characterize flow in "Intermediate Flow" column using letter designations below:

O = No Flow; C = Continuous; D = Down to 0; V = Vapor
 H = Water H₂O; M = Mud; W = Whisper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?

☐ Yes ☐ No ☐ Gas ☐ Liquid
Character of Intermediate fluid: ☐ Clear ☐ Fresh
☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number: _____

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instantaneous Intermediate Casing PSIG at end of test: >

Comments: On 12/8/17, XTO Energy spoke with Diana Burn at COGC. TCE was told to wait to submit Form 17 till after the Change of Operatorship was approved.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: Jess Cannon Title: Scada Supervisor Phone: (719) 859-2253

Signed: Mary Folvag Title: Production Accountant Date: 3/7/2018

Witnessed By: _____ Title: _____ Agency: _____